

2002 UNIFORM BUSINESS REPORT (UBR)

000467 AV

425/30

DOCUMENT # A99000000047

1. Entity Name

TITLE PARTNERS OF DRUID HILLS, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 16 PM 12:10

Principal Place of Business

2260 N. DRUID HILLS ROAD
ATLANTA GA 30329

Mailing Address

7715 N. WESTSHORE BLVD., STE. 990
TAMPA FL 33607



2. Principal Place of Business

3. Mailing Address

7360 Bryan Dairy Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

Largo, FL

Zip

Country

Zip

33777

Country

DUE BY MAY 1, 2002

4. FEI Number

58-2431052

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TITLE PARTNERS OF AMERICA, INC.
1715 N. WESTSHORE BLVD., SUITE 990
TAMPA FL 33607

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$50,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P95000040945
NAME TITLE PARTNERS OF AEMRICA, INC.
STREET ADDRESS 1715 N. WESTSHORE BLVD., SUITE 990
CITY-ST-ZIP TAMPA FL 33607

STREET ADDRESS 7360 Bryan Dairy Road Ste 200
CITY-ST-ZIP Largo, FL 33777

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 700005694787--5
CITY-ST-ZIP -06/06/02--01066-007
****447.50 ****447.50

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 350.00-up
CITY-ST-ZIP 88.75-Adm

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 8.75-Cut
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)